



Caldcleugh Multicultural Arts Center Program Registration Form



Program Name _____

Registrant's Name _____ DOB ____/____/____ Male____ Female____

Does the City of Greensboro have to right to use your photo/video to promote and advertise programs, classes or events?

Video Authorization yes ____ no ____ Photo authorization yes ____ no ____ Social Media yes ____ no ____

Address _____

City _____ State _____ Zip _____

Phone (h) _____ Phone (c.) _____ Phone (w) _____

Email _____

Please complete this section if Registrant is under 18.

School _____ Grade _____ Age _____

1) Parent/Guardian _____

Phone (h) _____ Phone (c.) _____ Phone (w) _____

Employer _____

2) Parent/Guardian _____

Phone (h) _____ Phone (c.) _____ Phone (w) _____

Employer _____

Authorized Pick up: _____ Phone _____
(other than parent) _____ Phone _____
_____ Phone _____

Emergency Information

Medical Conditions _____

Medications _____

Physician _____

Phone _____

Dentist _____

Phone _____

Insurance _____

Policy# _____

Emergency Contacts

Name _____

Relationship _____

Phone #'s _____

Name _____

Relationship _____

Phone #'s _____

Name _____

Relationship _____

Phone #'s _____

Registrant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

For office use only

Payment _____ Date _____

Receipt # _____ Rec'd by: _____

Group _____